

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10822577**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		6		5		
17		6		5		
18		1		1		
19		1		1		
20		17		(1)		
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50						
TOTAL IND.	1		2			
TOTAL DEP.	45		25			
TOTAL CLAIMS	46		27			

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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